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Bib Data Sheet

CONFIRMATION NO. 2216

<b>SERIAL NUMBER</b> 10/806,372	<b>FILING OR 371(c) DATE</b> 03/22/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 9473.18567
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/718,254 11/20/2003  
 and is a CIP of 10/656,861 09/06/2003  
 which claims benefit of 60/441,639 01/22/2003  
 and claims benefit of 60/456,164 03/20/2003  
 This application 10/806,372  
 is a CIP of 10/236,455 09/06/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 06/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 44	<b>INDEPENDENT CLAIMS</b> 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

26308

**TITLE**

Devices, systems, and methods to fixate tissue within the regions of body, such as the pharyngeal conduit

<b>FILING FEE RECEIVED</b> 1346	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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